



1632 \$

AMENDMENT TRANSMITTAL LETTER			Docket No. 311772000600
Application No. 09/289,576	Filing Date April 9, 1999	Examiner A. Falk	Art Unit 1632

Applicant(s): Richard C. ALLEN, Ph.D., et al

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Invention: METHODS OF TREATING SCHIZOPHRENIA

APR 25 2003

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated and is transmitted as shown below.

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CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims		- 20 =		x	
Independent Claims		- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					205.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					205.00

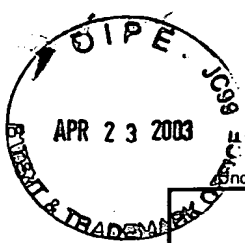
- ☐ Large Entity ☒ Small Entity
- ☐ No additional fee is required for this amendment.
- ☒ Please charge Deposit Account No. 03-1952 in the amount of \$ 205.00.
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- ☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Commissioner is hereby authorized to charge and credit Deposit Account No. 03-1952 as described below. A duplicate copy of this sheet is enclosed.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Karen R Zachow
Karen Zachow
Attorney Reg. No.: 46,332

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(858) 720-5191

Dated: April 18, 2003

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Dated: <u>4-18-03</u>	Signature: <u>Rhea Amid</u> (Rhea Amid)



PTO/SB/17 (01-03)
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FEE TRANSMITTAL for FY 2003 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	09/289,576
		Filing Date	April 9, 1999
		First Named Inventor	Richard C. ALLEN, Ph.D.
		Examiner Name	A. Falk
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Group Art Unit	1632
TOTAL AMOUNT OF PAYMENT		(\$)	205.00
		Attorney Docket No.	311772000600

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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																											
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES																																											
<input checked="" type="checkbox"/> Deposit Account																																													
Deposit Account Number: 03-1952																																													
Deposit Account Name: Morrison & Foerster LLP																																													
The Commissioner is hereby authorized to: (check all that apply)																																													
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments																																													
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application																																													
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FEE CALCULATION																																													
1. BASIC FILING FEE																																													
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>2001</td><td>750</td><td>375</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>2002</td><td>330</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>2003</td><td>520</td><td>260</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>2004</td><td>750</td><td>375</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>2005</td><td>160</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>0.00</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	1001	2001	750	375	Utility filing fee		1002	2002	330	165	Design filing fee		1003	2003	520	260	Plant filing fee		1004	2004	750	375	Reissue filing fee		1005	2005	160	80	Provisional filing fee		SUBTOTAL (1)					0.00		
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*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) 205.00																																											

APR 23 2003

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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Karen Zachow	Registration No. (Attorney/Agent)	46,332
Signature	<i>Karen Zachow</i>	Telephone	(858) 720-5191
		Date	April 18, 2003

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Dated: 4-18-03 Signature: *Rhea Amid* (Rhea Amid)